Name in Full: Alice Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Havre de Grace | County: Harford

Date of death 1904: Month: July | Day: 11 | Age: Years: 39 | Months: 2 | Days: 11

Sex: Female | Color or Race: White | Birthplace: Pennsylvania

Married, Single or Widowed: Married | Occupation:

Name of Wife or Husband: Elijah Anderson

Father's Name: Adam Mosser | Father's Birthplace: Pennsylvania

Mother's Maiden Name: Kathinen Swartz | Mother's Birthplace: Pennsylvania

Name of person giving information: Mrs Hendler | How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion | How long: Disputed about

Immediate: Heart Complication | How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. K. Smith M.D.

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jno R. George

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Commerton — County: Harford

Date of death: Month: July — Day: 4 — Years: 57 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa.

Occupation: Farmer — Where Residing if not at place of death: Md.

Married, ~~Single or Widowed~~ — Name of Wife or Husband: E. M. Patterson

Father's Name: John R. George — Father's Birthplace: Wales

Mother's Maiden Name: Sarah P. Hughes — Mother's Birthplace: Pa.

Name of person giving Imformation: Stanley Patterson — How related to deceased: Brother law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 3 days

Immediate: Exhaustion — How long: 1

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edw Deming Durett

Address: Bel Air Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

St. Marys-

Name in Full: James C. Harward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kalmia — County: Harford

Date of death: Month: July — Day: 24 — Age: Years: 79 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Plaster — Where Residing if not at place of death: Kalmia

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Catharine Hile

Father's Name: Charles Howard — Father's Birthplace: Md

Mother's Maiden Name: Mary Howard — Mother's Birthplace: Md.

Name of person giving Imformation: Walter Harward — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility — How long

Immediate: General debility — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson

Accident or Suicide?

md.

LIBRARY BUREAU A88516

Thomas Rees

Name in Full — Certificate of Death

Mary C. Healy

Died at — Town: Havre de Grace — County: Harford — MARYLAND

Date 1904 — Month: 7 — Day: 20 — Age: Y. 55 M. – D. – — Native of: Ireland — Occupation: House Wife

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living —

~~Husband~~ Wife of: Daniel Healy

Father's Name: Thomas Gallagher — Mother's Maiden Name: Bridget Holmes

Cause of Death — Primary: Heart disease — How long sick: 1 hr 1 week 3 or 1 yr

Immediate: Acute Indigestion — Accident, Suicide, Homicide

Reported by: Dr. R N Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Archibald Henderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharonville; County: Harford

Date of death: 1904 July 28th; Age: Years 49, Months 8, Days 29

Sex: Male; Color or Race: White; Birthplace: Sharonville

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Fannie

Father's Name: Archibald Henderson; Father's Birthplace: Harford Co.

Mother's Maiden Name: Susan Yorench; Mother's Birthplace: Balto. Co.

Name of person giving In formation: Chas. Henderson; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 5 months

Immediate: Heart Failure; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Payne

Address: Corbett.

Accident or Suicide?

LIBRARY BUREAU

Name in Full

Mariann Hitchcock

Certificate of Death

Died at Town: Norrisville County: Harford MARYLAND

Date 1904 Month: July Day | Age Y. 3 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced Number ~~of children~~ living

Husband of

Wife

Father's Name: Nelson Hitchcock

Mother's Maiden Name: Miss Wesley

Cause of Death: Primary: Acute Gastro. Enteritis — How long sick

Immediate — Accident, Suicide, Homicide

106

Reported by: Jas S. Akehurst M.D.

Address: Norrisville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79833

Name in Full: Dewes T Boleana

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Michaelsville — County: Hanford

Date of death 1904 — Month: July — Day: 22

Age — Years: 31 — Months: — Days:

Sex: Male

Color or Race: Colored

Birthplace: Hanford Co

Married, Single or Widowed

Occupation:

Name of Wife or Husband:

Father's Name: William Boleana

Father's Birthplace: Hanford Co

Mother's Maiden Name: Nana Sims

Mother's Birthplace: Hanford Co

Name of person giving Information: James T Boleana

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Clerosis of the Liver — How long: 1 year

Immediate: Abdominal dropsy Effusion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. H. Johnson M.D.

Address: Perryman Hanford Co.

Accident or Suicide?

LIBRARY BUREAU A80316

Name in Full: Lizzie W. Hollerman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Finksburg — County: Carroll

Date of death 1904: Month: July — Day: 20

Age: Years: 73 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or ~~Widowed~~ — Occupation: Housewife

~~Name of Wife or~~ Husband:

Father's Name: Peter Hollerman — Father's Birthplace: Maryland

Mother's Maiden Name: Araminta Shipley — Mother's Birthplace: " "

Name of person giving information: Richard Hollerman — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction — How long: 1 day.

Immediate: Heart failure — How long: 1

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. A. Yates

Address: Finksburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Charles Edwin Johnson

Died at Town: Bel Air County: Harford MARYLAND

Date 1904 Month: 7 Day: 31	Age Y.: 6 M.: 3 D.:	Native of: Bel Air	Occupation:

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children~~ living

Husband / Wife of: X

Father's Name: Thos Johnson

Mother's Maiden Name: Ella Jones

Cause of Death — Primary: Stroke 100 — How long sick: 1 Day

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: James A. Lytle, Sub Registrar

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Rose Lynch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harford Furnace; County: Harford

Date of death 1904: Month: 9; Day: 24

Age: Years: 41; Months: 5; Days:

Sex: Female; Color or Race: [illegible]; Birthplace: Md

Married, Single or Widowed: [illegible]; Occupation: [illegible]

Name of Wife or Husband:

Father's Name: Paul Lynch; Father's Birthplace: Md

Mother's Maiden Name: Anna Moran; Mother's Birthplace: Md

Name of person giving Information: 105; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis; How long: 6 weeks

Immediate: exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A Callahan

Address: Creswell Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89518

Name in Full: Lizzie Mahan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brightland — County: Stanford

Date of death 1904: Month: July — Day: 17 — Age: Years 44 — Months — — Days

Sex: Female — Color or Race: white — Birthplace

Occupation — Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Martin Mahan — Father's Birthplace: Ireland

Mother's Maiden Name: Susanna Hunter — Mother's Birthplace: Baltimore

Name of person giving Imformation: Annie Mahon — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long

Immediate: Gastritis — How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Dr. F. H. Arthur

Address: Street Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Benjamin J. Mead

CERTIFICATE OF DEATH

MARYLAND

Died at: Upper Rock Road (Town) Harford (County)

Date of death: 1900 July 19

Age: Years 2 Months 24 Days

Sex: Male

Color or Race: White

Birthplace: Upper Rock Road

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry J. Mead

Father's Birthplace: Pa

Mother's Maiden Name: Mary J. Rusler

Mother's Birthplace: Md

Name of person giving Information: W. J. Mead

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 2 mths

Immediate: Diarrhoea

How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Rutledge M.D.

Address: Rutledge P.O. Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name In Full

Certificate of Death

Ezekiel Thomas Mitchell

Died at Town: Havre de Grace, County: Harford County MARYLAND

Date 19 27 — Month: July, Day: Thur

Age: Y. 68, M. 2, D. 25 — Native of: Har De Grace — Occupation: Captain

Male: Yes — Female: ~~Female~~

White: Yes — ~~Colored~~

~~Single~~ — Married: Yes — Widow — Widower: ✓ — ~~Divorced~~

Number of children living: 5

Husband of / Wife: Margaret Mitchel

Father's Name: Thomas Mitchell

Mother's Maiden Name: Rachel Mitchell

Cause of Death — Primary: Hypertrophy of Prostate

Immediate: ACC & Nerv

How long sick: 7

Accident, Suicide, Homicide: 14

Reported by

Address: Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: H. Ellen Patterson.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmorton — County: Harford

Date of death: Month: 7 — Day: 26 — 1904 — Age: Years: 73 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Harford Co

Occupation: Housewife — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Amanius J. Patterson

Father's Name: Wm Hagerty — Father's Birthplace: Md

Mother's Maiden Name: Jane McGraw — Mother's Birthplace: Md

Name of person giving Imformation: Howard Dean — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights — How long: 1½ years

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Collingsworth

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Lizzie B Pyle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Moreton — County: Harford

Date of death 1904: Month: July — Day: 14 — Age: Years: 25 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Moreton Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm. S. Pyle — Father's Birthplace: Pa

Mother's Maiden Name: Mary Hooper — Mother's Birthplace: Pa

Name of person giving information: Wm S Pyle — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hodgkins Disease — How long: Many years

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. F. H. Arthur

Address: Street Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mary Evaline Symonds

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Madonna — County: Harford

Date of death 1904 — Month: July — Day: 15 — Age — Years: — Months: 3 — Days: 17

Sex: Female — Color or Race: white — Birthplace: Balto City

Occupation — Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John Harry Timms — Father's Birthplace: Harford Co

Mother's Maiden Name: Beulah Beaulah Trotter — Mother's Birthplace: Delaware

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 weeks

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas C Root

Address: Edgewood Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Parker F. Scarborough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mill Green — County: Harford

Date of death 1904: Month: 7 — Day: 6 — Age: Years: 63 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, ~~Single or Widowed~~ — Occupation: Farmer.

Name of Wife or Husband: Bell Scarborough

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Miss Stella Scarborough — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. — How long: 4 days.

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. F. H. Arthur

Address: Street Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Lewis Skinner

Died at — Town: Havre de Grace — County: — MARYLAND

Date 1904 — Month: July — Day: 5 — Age: Y. 45 M. — D. — Native of: Maryland — Occupation: Sailor

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ ~~Single~~ Single Widow Widower — Divorced — Number of children living:

Husband of Wife →

Father's Name: John Skinner — Mother's Maiden Name:

104

Cause of Death — Primary: Hemorrhage of Stomach — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Dr R. H. Smith

Address: Hdegrace

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ruth Elizabeth Smithson

Died at: Town: Blackhawk — County: Harford

Date of death 1904: Month: July — Day: 1

Age: Years: 48 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Housekeeper

Name of Wife or Husband: Thomas P. Smithson

Father's Name: William J. Watkins — Father's Birthplace: Ireland

Mother's Maiden Name: Sophronie Hurst — Mother's Birthplace: Forestville

Name of person giving Information: Sophronie Stokes — How related to deceased: Connection

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy — How long

Immediate: Accidental Drowning — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Turner M.D.

Address: White Hall Md

Accident ~~or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Marion Viola Walbeck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Norrisville P.O. County: Harford

Date of death 1904: Month: July Day: 31

Age: Years — Months — Days: 1

Sex: male Color or Race: white Birthplace: Maryland

Married, Single or Widowed: single Occupation: none

Name of Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Walbeck — Father's Birthplace: Maryland

Mother's Maiden Name: Maggie Simms — Mother's Birthplace: Maryland

Name of person giving information: John Walbeck — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: Premature Birth — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W Millard Stirling, M.D.

Address: Shawsville, Balto Co., Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A68316

Name in Full: Joseph G Watterman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Creswell; County: Harford

Date of death 1904: Month: July; Day: 6

Age: Years: 36; Months: 6; Days: 5

Sex: Male

Color or Race:

Birthplace: Md

Married, Single or Widowed: Single

Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Chas. S. Watterman

Father's Birthplace: Md

Mother's Maiden Name: Alice E Gilbert

Mother's Birthplace: Md

Name of person giving Information: Robt. E. Gilbert

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis

How long: 2 years

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T A Callahan

Address: Creswell Md

Accident or Suicide? No

LIBRARY BUREAU A98816

Name in Full: Thomas Watters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dublin. County: Harford

Date of death 190 4: Month: July Day: 26

Age: Years: 42 Months: — Days: —

Sex: Male Color or Race: Colored Birthplace: Talbot Co

Married, Single or Widowed: Widower. Occupation: Farmer

Name of Wife or Husband: —

Father's Name: Ed Watters Father's Birthplace: Md

Mother's Maiden Name: Molly Watters Mother's Birthplace: Md

Name of person giving information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long: Two years

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. F. H. Arthur

Address: Street Md

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Mary F Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nicholls Mill — County: Harford

Date of death 190 1: Month: July — Day: 3

Age: Years: 39 — Months: 8 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Harford Co

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Work

~~Name of Wife or~~ Husband: Chas W Williams

Father's Name: Edward Wilson — Father's Birthplace: Harford Co

Mother's Maiden Name: Amanda Disby — Mother's Birthplace: " "

Name of person giving information: Chas W Williams — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. — How long: 6

Immediate: " — How long: 14 yr

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J K Tier

Address: Perryman Md

Accident or Suicide?

LIBRARY BUREAU A88618